RCRA SUBPART H LIABILITY INSURANCE

CHECKLIST Owner/Operator Name (Legal Representative) Facility I.D. No. Insurance Agency/Broker Amount and Type of Coverage and Million annual aggreg Sudden (Required for all TSDs - \$1 mil occur/\$2 mil annual) Effective Date: 8/1/82 Expiration Date: Non-Sudden (Required for Land Treatment, Surface Impoundment -\$3 mil occur/\$6 mil annual) Effective Date: Jan. 1983 Jan. 1984 Jan. 1985 Expiration Date: RCRA Endorsement RCRA Certificate Policy No.: CNS 13-30-35 Licensed as Excess or Surplus Lines Carrier State Financial Test Letter from Chief Financial Officer Independent CPA's Report on Examination Independent CPA's Special Report Satisfied Financial Test Criteria Review Comments Instruments have identical wording to regulations Submission adequate per regulations Letter to Facility to be incorporated with Closure Assurance Financial Documents

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